

LEGISLATIVE COUNCIL
EMPLOYEE EMERGENCY CONTACT INFORMATION

Employee Name: _____

Division/Agency: _____

Date: _____

In case of emergency, the following should be contacted:

a. First person to be contacted:

Name Relationship to you: _____

Address

City/ State/Zip

(_____) (_____)
Home Phone Daytime Phone

b. If first person is unavailable, contact:

Name Relationship to you: _____

Address

City/State/Zip

(_____) (_____)
Home Phone Daytime Phone